



Appeal Application

Community Development Department
Planning Division
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For Office Use Only

Date Appeal Filed: _____

Fee Received: _____

Received by: _____

Application to appeal the decision of the:

- ☐ Zoning Administrator
- ☐ Planning Director
- ☐ Hearing Officer
- ☐ Flood Plain Administrator
- ☐ Other

Appellant Information:

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

Appealing Application Regarding:

Name of Applicant: _____ Date of Decision: _____

Project No. (PA): _____ Activity No.: _____

Site Address: _____

Description: _____

Reason(s) for Appeal (attach a separate sheet if necessary): _____

Along with application, please submit the following:

- Twelve (12) 11x17 sets of the project plans
- One set of mailing labels (on Avery 5960 labels) for all property owners within a 300-foot radius, excluding intervening right-of-ways and waterways, of the subject site.

Signature of Appellant: _____ Date: _____